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ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	. ID NO.	DATE
FEE DETERMINATION	-BA-	71385	
O.I.P.E. CLASSIFIER		1/1/	7-25-00
FORMALITY REVIEW	#	526	31 24/00
RESPONSE FORMALITY REVIEW			· · · · · · · · · · · · · · · · · · ·

INDEX OF CLAIMS

~	Rejected	N	Non-elected
	Allowed	1	Interference
	(Through numeral) Canceled	Α	Appeal
	Restricted	0	Objected

.*	÷	Restricted 0	Objected
Claim MMX	Date	Claim Date	Claim Date
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	 	51	101
		52	102
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50	- - - - - - -	100	150

If more than 150 claims or 10 actions staple additional sheet here